U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. Hie Number . U- 7/9/6	2. Fiscai Year Covered From:
	1/1/2004 Through: 12/31/2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name DANIEL J. KIEFFER	Name IB.E.W. LOCAL UNION 160
	Labor Organization File Number 622-52
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 24639 608 AVE	Street 2522 MARSHALL STREET N.E.
City LITCHFIELD	City MINNEAPOLIS
State MN. ZIP Code + 4 55 355	State MN. ZIP Code + 4_554/8-3329
5. Position in labor organization. UNION BUSINESS	REPRESENTATIVE
	names are found to the furthfoldura);
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name WILLMAR MUNICIPAL UTILITIES	LABOR CONTRACT NEGOTIATIONS-MEN
Frade Name, if any:	
P-O-Box, Bldg., Room No., if any	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	7.b. Amount.
Street 704 LITCHFIELD AVR. S.W.	
City WILLMAR	910.
State . M. ZIP Code + 4 56 76/	
Signa	ture (a.:00 / in)
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct, and complete. (See the section	erjury and other applicable penalties of the later that all of the information g documents), has been examined by the signatory and is, to the best of the ion on penalties in the instructions.)
Signed Quiel J. Kriffen	On 8/12/2015 612-781-3126 X/08 Date Telephone Number
rm LM-30 (2003)	seichtione vanitibal

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with mone substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor or	r otherwise dealing with the business 's actively seeking to represent, or
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ,	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	(a. Employer
City	
State ZIP Code + 4.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	1: · · · · · · · · · · · · · · · · · · ·
Street	
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
ZIF OUGFT4	
	12.b. Amount.
C. Received from any employer (other than an employer covered ur or from any labor relations consultant to an employer any payment of mor	nder parts A and B ahove)
3.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any),	14.a. Nature of payment.
Name	
Trade Name, If any:	
P.O. Box, Bldg., Room No., if any	
Sireet	-
ity	
tate ZIP Code + 4 ·	
25 15 16 16 16 16 16 16 16 16 16 16 16 16 16	14.b. Amount of payment.
3.b. Is the Business an Employer or Consultant ; ?	14-or Comparer of Baltimeter

orm LM-30 (2003)

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1. File Number . U - 19/19/0

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number . U - 9/9/0	2. Fiscai Year Covered From:
	7/1/2004 Through: 12/31/2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name DANIEL I. KIEFFER	Name / BEW LOCAL UNION 160
	Labor Organization File Number 622-522
P.O. Box, Bidg., Room No., If any	P.O. Box, Building and Room Number, if any
Street 24639 60878 AVE	Street 2522 MARSHALL STREET H.E.
City LITCHFIELD	· City MINNEAPOLIS
State MN. ZIP Code + 4 55355	
5. Position in labor organization. UNION REPRESE	MTATIONE
Enter appropriate data below if, during the past riscal year, you or your spo	use or minor child directly or indirectly had any of the following interests
A. Held an interest in engaged in transactions (including least).	isions seriorin in the instructions):
· John Complete aniogs employees your organizati	on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name WILLMAR MUNICIPAL UTILITIES	LABOR CONTRACT NEGOTIATIONS MEAL
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
1.35 BOX, Didg., TOOM 190., 18.889	7.b. Amount.
Street 704 LITC4 FIELD AVE. S.W.	
City WILLMAR	\$10
State MN. ZIP Code + 4 56201	
Signa	ture Oniel & Kiejsen
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the section)	erjury and other applicable penalties of the law, that all of the information
Signed Carriel J. Liegger	On 8/12/05 6/2-78/-3/26 x /08 Date Fetephone Number
rm LM-30 (2003)	, sale respitore number

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or the business actively seeking to represent, or
Name and address of Business (including trade name, if any).	9. Business deals with:
Name ,	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City.	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	<u>'</u>
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) y or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any),	14.a. Nature of payment.
Name	
Trade Name, if any:	

P.O. Box, Bldg., Room No., if any	
Sireet	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment